

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public meeting of the South Eastern Health and Social Care Trust Board held on Thursday 21 June 2018 at 11.00 am in the Quality Improvement and Innovation Centre, Ulster Hospital, Dundonald

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Dr M Briscoe, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Ms H Minford, Non-Executive Director
Ms J O'Hagan, Non-Executive Director
Mr J Patton, Non-Executive Director
Mr C Martyn, Medical Director
Ms N Patterson, Director of Primary Care, Older People and
Executive Director of Nursing

IN ATTENDANCE: Ms R Coulter, Director of Planning, Performance & Informatics
Mr S McGoran, Director of Hospital Services
Mrs M Weir, Director of Human Resources and Corporate Affairs
Mr D Bradley, Assistant Director, Mental Health Services
(obo Ms Mongan)
Mr P Morgan, Assistant Director, Financial Management
(obo Mr Guckian)
Mr J White, Assistant Director for Promoting Health and Wellbeing,
(obo Mr Whittle)
Ms B Arthurs, Assistant Director Primary Care/Community Nursing (for
item 59/18 only)
Ms D Wilson, ECAH Co-ordinator (for item 59/18 only)
Mr T Douggan, Service User (for item 59/18 only)
Ms E O'Baoill, Project Manager, Strategic and Capital Development
(for item 65/18 only)
Ms C Brown, Project Manager, HSC Board (for item 65/18 only)
Miss C Hughes, Personal Assistant

APOLOGIES: Mr N Brady, Non-Executive Director
Ms L O'Neill, Non-Executive Director
Mr N Guckian, Director of Finance and Estates
Ms B Mongan, Director of Adult Services and Prison Healthcare
Mr B Whittle, Director of Children's Services & Executive Director of
Social Work
Miss I Low, Assistant Director, Risk Management & Governance &
Board Secretary

OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting and noted an apology from Ms J McKissick, Patient and Client Council representative. He apologised for the slightly late start of the meeting.

PATIENT/CLIENT STORY**Presentation by Ms Diane Wilson, Enhanced Care at Home (ECAH) Co-ordinator and Mr Terence Douggan, Service User**

Ms Patterson introduced Ms Diane Wilson, Co-ordinator of the Enhanced Care at Home programme. **Ms Wilson** advised that the enhanced Care at Home (ECAH) service has been developed through an Integrated Care Partnership to provide person centred care for people with acute needs in their own home.

Ms Wilson noted that the Programme has been steadily growing during the past two years and referrals have increased recently as more GPs sign up for this service.

Ms Wilson introduced Mr Douggan who had recently experienced the care provided by the ECAH Team. **Mr Douggan** detailed how he had been ill with cellulitis and the initial treatment with antibiotics was not successful and the GP recommended intravenous antibiotics. His wife had recently passed away and he found it very beneficial not to have to be admitted to Hospital but rather receive this treatment at home. Staff visited four times per day to administer the antibiotics and monitor his condition. **Mr Douggan** stressed the benefits he felt from remaining at home both physically and psychologically. He found the staff to be very punctual, helpful and felt safe throughout the treatment as they maintained regular contact with his GP. He described the service as "first class". He thanked everyone involved for his treatment.

In response to a query from Ms O'Hagan, **Ms Wilson** advised that when referrals are received assessments are carried out in a timely manner eg following a recent GP referral, a Consultant opinion was required and they were with the patient within two hours. **Ms Arthurs** indicated that good working relationships have been established with GPs and the Consultant Geriatrician.

Mr Patton viewed the ECAH project as a Quality Improvement initiative in action. He had recently met the Team and praised their care and compassion.

In response to a query from Ms Minford, **Ms Wilson** advised that currently all records are manual with observations recorded manually and relayed as required to GPs/Consultants. Discussions are ongoing with ICT staff to have remote access to Hospital systems, ie PAS. This will improve governance arrangements to have all information accessible to everyone. **Ms Arthurs** commented that there is a multi-disciplinary meeting every day and staff join in verbally via smart phones/ipads. **Ms Wilson** added that the ICP GP Lead has been promoting the Service and this, together with patient feedback, has resulted in additional GPs utilising the service. During general discussion **Mr McGoran** thanked the ECAH Team on behalf of the Directorate of Hospital Services for the pressure they have taken off hospital beds in the last few years during an extremely challenging time. **Mr McCaughey** thanked Mr Douggan for sharing his experience and viewed this as a real transformation of services and a new service model which benefits patients.

The **Chairman** thanked Mr Douggan and Ms Wilson for their presentations.

60/18 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA

No conflict of interest with any business item on the agenda was declared.

61/18 CHAIRMAN'S BUSINESS

The Chairman informed members that he attended a number of events since the last meeting, including the Annual Golf Day in aid of Kiwoko and the RCN Nurse of the Year Dinner and Awards. He carried out two environmental visits and conducted a meeting of the NI Public Sector Chairs Forum. The Chairman informed members he held the annual one-to-one meeting with Mr Denvir Lynn, from the Northern Ireland Audit Office on 13 June 2018.

Trust staff won four awards at the RCN Nurse of the Year event (Anne Phillips, Patients Choice Award; Roisin Devlin, Leadership Award; Joanne McConnell, Learning Disability Award; and Tracey Steenson, Chief Nursing Officer Award) and they were invited to join members immediately following the Trust Board meeting for lunch. At the end of the meeting a brief video of their nominations would be shown. Mrs Noeleen McCreanor won the Deputy HR Director of the Year 2018, at the National Healthcare People Management Association (HPMA) and she was also invited to attend the lunch, following the meeting.

The **Chairman** advised members of the public that the Trust Board had met immediately prior to this meeting to discuss some items of confidential business.

62/18 CHIEF EXECUTIVE'S BUSINESS

Mr McCaughey had no business to raise.

63/18 MINUTES OF THE PREVIOUS TRUST BOARD MEETING

The minutes of the Trust Board meeting held on 30 May 2018, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

64/18 MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no matters arising from the previous minutes.

65/18 LISBURN PRIMARY & COMMUNITY CARE CENTRE (PCCC) BUSINESS CASE

Members received, for discussion and approval, Paper No: SET/34/18, Lisburn PCCC Business Case and associated Appendices, which had been circulated with papers for the meeting.

Ms Coulter introduced Ms O'Baoill and Ms Brown. She noted that the Lisburn PCCC is one of two projects within Northern Ireland and will improve the infrastructure of the integrated care model as the current Lisburn Health Centre is no longer fit for purpose.

Ms O’Baioill gave a detailed presentation on the background to the Project, the benefits and the unique procurement model. The new facility will be located on the Lagan Valley Hospital site providing co-location with secondary care. The partner consortia will have one retail/commercial area, potentially as a Chemist, but it must be consistent with the Trust’s ethos, eg not a tobacconist, etc. The 8 GP practices within Lisburn Health Centre have signed up to the new Lisburn PCCC. The presentation included a video clip of an artist’s impression of the building and reception.

There are plans to introduce traffic management on the Lagan Valley Hospital site and the new facility will include car parking spaces and a basement car park. **Ms O’Baioill** noted that there will be public areas and conference suites on the ground floor and these areas can be used for other services when required eg ‘flu clinics. The next two floors will be GP Practices/Treatment Rooms, and the top floor is designated for AHPs, Adult Mental Health, etc.

Ms O’Baioill advised that all procurements must meet EU regulations and HSC policy and CPD colleagues have undertaken this role. A Surveyor role will be introduced to be an independent person on behalf of the Trust although the boundaries will be clear and he will not be part of CPD or have any powers to enforce construction issues by the partner Consortia. The Surveyor will ensure the building meets all technical notes or memoranda and highlight any concerns which may arise.

Ms Brown detailed the procurement model which is via revenue funding rather than capital. The financial treatment of this Project will be “off balance sheet” and the Office for National Statistics (ONS), who would confirm this position, have indicated that they view this as appropriate because of the allocation of risks which will not change between the Full Business Case approval and the financial year end close. The Consortia will be paid over 25 years and then the building will become an asset of the Trust. Given the time that has elapsed since the beginning of the project, reviews have been carried out of the construction/running costs and there has been no material change.

In conclusion, **Ms O’Baioill** advised HSCB have confirmed that the proposal is in line with HSCB strategy for Primary Care and delivers the Ministerial Direction in a manner that otherwise fully addresses a need to demonstrate value for money. The Local Commissioning Group confirmed support for the Project on 7 June 2018. She asked Trust Board members to confirm that the Full Business Case should be submitted to the DoH.

During discussion **Mr Mawhinney** commended the Full Business Case as being well written and provided great clarity especially for Non-Executive Directors on the issues under consideration. He underlined the need for Trust Board to have confirmation that the funding remained unchanged since the Ministerial Direction. **Mr Mawhinney** also enquired about equality issues and noted the on-going equality assessments. He asked if the commissioning of equipment, a significant task would be secured via the Commissioning Officer. In response **Ms Brown** advised that DoH colleagues have been involved throughout, and are members of the Programme Board, and no change has been indicated. DoH have provided advice that the absence of a current Minister does not affect the Project.

Mr Mawhinney asked if there will be opportunities for young people with learning difficulties, etc, during the Project or in the Coffee Shop? In response, **Ms O’Baioill** advised that the Coffee Shop will be retained by the Trust and may be a social enterprise.

Ms O’Hagan asked if there had been formal or informal patient involvement during the design stages and, if so, were there plans to continue with this process. In response, **Ms O’Baioill** provided assurance that public engagement had taken place and views continue to be sought, eg Lisburn Focus on the Blind; a Patient Participation Group from Lisburn Health Centre; and there has been a good communication process with Service Leads, Patients and Users of the Service throughout the process. Updated information is also available on the website. **Ms Coulter** also noted that there has been regular communication with Lisburn & Castlereagh Council and Elected Representatives.

Ms O’Hagan asked if there is a shared risk in relation to the funding. In response, **Ms Brown** advised that there is a financial implication if the Trust wishes to make amendments to the building following the Design process. However the Design process was very detailed, and believed to be “future” proof and therefore no amendments should be required.

Mr Patton viewed the new facility as being fabulous for the patients and staff but wondered if any consideration has been given to the impact upon the Hospital site and neighbouring residences during the noisy construction process. **Ms O’Baioill** confirmed that a Communication Strategy is in place for keeping neighbouring residences updated on the Project. Discussions have taken place with the Roads Service regarding the approximately 400 additional cars accessing the site but to date they have been resistant to providing filter lanes but have undertaken to review traffic light phasing. Regarding traffic management within the Lagan Valley Hospital site, a traffic management control for parking will be introduced. There will also be additional parking available at the Leisure Complex. The Partner in the building is also looking at an alternative access route for construction vehicles which may reduce traffic issues.

Following discussion, Trust Board members were asked to confirm that the Lisburn PCCC Project:

1. Is procured in line with EU regulations, Executive and HSC policy, as assured by Centre of Procurement Expertise. CPD Health Projects advisors;
2. Delivers the Ministerial Direction in a manner that otherwise fully addresses a need to demonstrate value for money as confirmed by HSCB and KPMG advisors;
3. Has been categorised as ‘off balance sheet’ by Office of National Statistics opinion, on the evidence of the final draft licence agreement;
4. Has HSCB Commissioner Support because it is in line with HSCB strategy for primary care;
5. Has achieved LCG support and received their endorsement on 12 June 2018;
6. Has support and endorsement and sign up from the GPs involved; as evidenced by the 8 GP practices based in Lisburn Health Centre signing up to legal Agreements to lease;

7. Has written confirmation from Department of Health on the support and agreement to associated revenue costs throughout the life of the project in an email to Mr Paul Cummings in HSCB.

The Chairman sought, and received approval, from members that the full business case should be forwarded to the Department via the HSCB.

66/18 PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, Paper No: SET/35/18, Corporate Scorecard (May 2018) and Paper No: SET/36/18 Dashboard (May 2018), which had been circulated with papers for the meeting.

In presenting the paper, **Ms Coulter** summarised the Performance Management Dashboard and Scorecard for May 2018:-

- There has been an increase by 1 week for red flag patients in some Specialties, eg ENT and Gynae, due to an increase in referrals.
- Overall activity in Downe and Lagan Valley Hospitals has remained as last month except for a small growth in Emergency Department attendances.
- Length of Stay has risen slightly on average (0.3 days overall) but pressure in Care of Elderly resulted in an increase of 1.4 days in May 2018 compared to the same month last year.
- The Trust had the best 4 hour performance (ie patients treated within 4 hours) in the region – 76% in May.
- The 12 hour breaches in May 2018 were very similar to April 2018 (450 at the Ulster Hospital). Pressures have continued through June (361 breaches to date).
- The slide on “All Urgent Breast Cancer Referrals within 14 Days” may be removed in future reports as the entire region is now reporting 100% achievement of this target.
- There was a strong achievement of the target to receive treatment within 31 days of decision to treat – 94%.
- There were 358 delay Complex Discharges in May 2018 at the Ulster Hospital – 70 patients were delayed over 48 hours.
- There has been a continued improvement in waiting times for Psychological Therapies. This is mainly due to the impact of Waiting List Initiative funding.
- There has been an increase of 89 Unallocated Cases in May 2018 compared to last month. Almost two thirds of these are in the Gateway Team. All unallocated cases have been triaged and are being monitored by Social Workers. There have been significant Child Protection referrals and these take precedence.

During general discussion, **Mr McGoran** confirmed Mr Brady’s understanding that the number of patients breaching the 12 hour target in the Ulster Hospital Emergency Department are generally being admitted and this puts pressure on the beds within the Hospital.

In response to a query from the Chairman regarding Unallocated Cases, **Mr White** advised that Mr Whittle has established a Working Group to address this issue.

Mr Whittle is also discussing with HSCB colleagues the possibility of recruiting additional Social Workers to mitigate risks.

Ms Patterson highlighted page 12 of the Scorecard, Safe & Effective Care – Falls Prevention, and noted that a detailed analysis will be presented at a future Trust Board.

The **Chairman** thanked Ms Coulter for her informative presentation.

67/18 DRAFT PAPER ON THE BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER 2018/19

Members received, for consideration and approval, Paper No: SET/37/18, Draft paper on the Board Assurance Framework and Corporate Risk Register 2018/19, which had been circulated with papers for the meeting.

In presenting the paper, **Mrs Weir** advised that the draft Board Assurance Framework and Corporate Risk Register for 2018/19 was circulated for review and comment in early June 2018 to members of the Governance Assurance Committee. Minor comments were received and these have been incorporated into the final report which was approved by the Governance Assurance Committee at its meeting on the 13 June 2018. **Mrs Weir** highlighted the following key points of note:-

- 14 of the existing 15 [previously 16 – one item closed mid-year as at 30 September 2017] Corporate Risk Registers (2017/18) topics were carried forward into the 2018/19 Corporate Risk Register with new action plans developed, as appropriate;
- 1 item was closed and remitted to management at Directorate Risk Register level:-
 - ID 2119 (Shared Services) – remitted to Human Resources and Finance Directorate Risk Registers, as appropriate.
- All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted, as appropriate. The wording on some items was revised and, in particular:-
 - ID2120 – Mental Health Inpatient Services – wording of principal risk description reviewed and made more succinct;
 - ID 2121 – Prison Health care – wording of principal risk description revised;
 - ID2130 – Quality of the aged built environment and associated infrastructure;
 - ID2112 – Sustaining MLUs and ED Services at Down and Lagan Valley (MLUs removed and General Medicine added to the description; and
 - ID2117 – Performance and service delivery targets – now includes elective issues.
- No new items were added to the register. This is a ‘living document’ and can be added to at any time by Executive Management Team members.

In conclusion, **Mrs Weir** noted that this is a “living” document and can be amended/ updated throughout the year. A total of 14 items are on the Corporate Risk Register for 2018/19. In response to a query from Ms Minford regarding the Laundry Service Risk, **Mrs Weir** advised that this risk will only be removed when the new building and equipment are operational in approximately 18 months.

The **Chairman** sought and received approval to the draft paper on the Board Assurance Framework and Corporate Risk Register for 2018/19.

68/18 TRANSFORMATION UPDATE

Ms Coulter briefly updated members on the HSC Transformation process. There will be £200m investment allocated between 2018/19 and 2019/20. The Transformation Implementation Group (TIG), which includes Mr McCaughey, have considered bids from all Trusts with joint work across Health & Social Care in some cases. It was recognised that there are challenges associated with the proposals, particularly in relation to workforce availability, and an assessment is being carried out of the deliverability of workforce across the different professional groupings in Northern Ireland, especially in relation to Nursing. Ms Weir is leading on this issue for the Trust. A main priority is not to destabilise core service provision. **Ms Coulter** noted that funding is non-recurrent. Some funding has been allocated but not all for 2018/19 has been distributed to date.

In response to a query from **Dr Briscoe** regarding the criteria used to allocate funds, **Mr McCaughey** advised that all bids are judged against Minister O’Neill’s priorities and go back to the original Bengoa Report and Delivering Better Services. There are a number of transformation proposals for Mental Health, Domiciliary Care, Dementia and Older People which are vying for additional funding.

The **Chairman** thanked Ms Coulter for her update.

69/18 UPDATE – DISCHARGE OF STATUTORY FUNCTIONS FOR THE REGIONAL EMERGENCY SOCIAL WORK SERVICE FOR YEAR END 31 MARCH 2018

Members received, for information, Paper No: SET/38/18, Discharge of Statutory Functions for the Regional Emergency Social Work Service for year ended 31 March 2018, which had been circulated with papers for the meeting.

In presenting the paper, **Mr White**, on behalf of Mr Whittle, advised that the Regional Services are provided by Belfast Trust and the Trust is in receipt of these services. The Report is presented for noting. It was agreed that any detailed issues would be discussed with Mr Whittle at the Trust Board Workshop scheduled for 29 August 2018.

70/18 COMMISSIONER FOR OLDER PEOPLE FOR NORTHERN IRELAND REPORT – INVESTIGATION INTO DUNMURRY CARE HOME

Members received, for information, Paper No: SET/39/18, Commissioner for Older People for Northern Ireland Report, which had been circulated with papers for the meeting.

In presenting the paper, **Ms Patterson** advised that the Commissioner for Older People for NI Report on Investigation into Dunmurry Care Home had been received by Trusts on 13 June 2018 at 10.30am, with the press conference launch at 11.30am that day. During the period of the investigation the Trust co-operated fully with all requests for information/interviews. She noted that it has only been 8 days since the launch of the Report and consideration is being given to the 59 recommendations. A joint press release by the four Trusts with clients placed in Dunmurry Care Home was issued and a further update will be provided. **Ms Patterson** noted that the Action Plan, which was already being implemented as a result of learning from events in Dunmurry Manor, is in place and will be reviewed in the context of the 59 recommendations in the Report. Internal Governance arrangements are in place to oversee the implementation of the Trust related recommendations.

To set the context, **Ms Patterson** noted that there are circa 2,400 Nursing and 1,300 Residential beds across the Trust. RQIA held a workshop on 15th June entitled "Building Sustainable Partnerships", which Trust staff have attended, in order to work in partnership to keep clients safe.

In response to queries from Non-Executive Directors, **Ms Patterson** confirmed:-

- The Trust had developed the Action Plan from their own learning in relation to Dunmurry Manor in advance of receipt of the Report. This Action Plan is now being reviewed in light of the Commissioner for Older People NI Report.
- The contract with Independent Sector Providers is a regional contract locally administered by Trusts.
- Regarding Outcomes Based Reporting in future, this would relate to the roles and responsibilities lines between Trusts, Providers and the Regulator and this will require further regional discussion.

Mr McCaughey noted the harrowing and distressing nature of the Report. All the recommendations will be reviewed and a response issued to the DoH who will be co-ordinating the response to the Commissioner. He noted that no healthcare system gets everything right and it is important to focus on the learning so we can improve services in the future.

Mr McCaughey apologised for any failings attributable to the Trust identified in the Report. Lessons will be learnt from the Report.

The **Chairman** sought and received Board endorsement of the position taken by the Executive Management Team. Updates will be provided at future meetings.

71/18 UPDATE ON GENERAL DATA PROTECTION REGULATION

Members received, for information, Paper No: SET/40/18, Update on General Data Protection Regulation, which had been circulated with papers for the meeting. In presenting the paper, **Mrs Weir** commended Ms McAree and her Team on the work carried out to date to successfully implement the General Data

Protection Regulation. Some issues have emerged and these are being addressed. A further update would be provided if necessary.

72/18 ANNUAL REPORT ON INFORMATION GOVERNANCE 2017/18

Members received, for information, Paper No: SET/41/18, Annual Report on Information Governance 2017/18, which had been circulated with papers for the meeting. This Report was noted by members.

73/18 REPORT ON THE CHARITABLE FUNDS MEETING HELD ON 6 JUNE 2018

Members received, for information, Paper No: SET/42/18, Report on the Charitable Funds meeting held on 6 June 2018, which had been circulated with papers for the meeting. Members noted the report on discussion at the Charitable Funds meeting.

74/18 REPORT ON THE AUDIT COMMITTEE MEETING HELD ON 6 JUNE 2018

Members received, for information, Paper No: SET/43/18, Report of the Audit Committee meeting held on 6 June 2018, which had been circulated with papers for the meeting. Members noted the report on Audit Committee discussion.

75/18 REPORT AND MINUTES OF THE GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 13 JUNE 2018

Members received, for information, Paper No: SET/44/18, Report and Minutes of the Governance Assurance Committee meeting held on 13 June 2018, which had been circulated with papers for the meeting. **Dr Briscoe** highlighted the very useful discussion on Hyponatraemia at this meeting.

76/18 ANY OTHER BUSINESS

(a) Staff Recognition/Awards

Ms Weir noted the following staff recognitions:-

- Mrs Janice Clarke, former Patient Experience Manager, has received an MBE for services to Health & Social Care.
- Ms Maura Dryden has 49 years' service and was recognised as an NHS Star out of 70 nominations.

Congratulations were extended to both Mrs Clarke and Ms Dryden.

The **Chairman**, as previously mentioned in item 61/18, welcomed Anne Phillips; Roisin Devlin and Joanne McConnell to the meeting. The video clips from the RCN Nurse of the Year event were shown. (Tracey Steenson was unable to attend the meeting due to annual leave).

77/18 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed the next Trust Board will take place on **Wednesday 29 August 2018 in the Great Hall, Downshire Estate, Downpatrick**

Date: _____

Mr Colm McKenna
Chairman

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